



Franchise Return For Financial Institutions

Period Ending ____/____/____ (mm/yy) ▲

Check all that apply:

- ☐ This is a Short Period Return. ☐ Mailing Address Change
☐ The bank has opened, closed, or moved branch locations. (Provide a schedule.)

Contact Person

Phone No.: (____) ____-____

Name and Address

OFFICIAL USE ONLY

☐ 01 Pay Return

☐ 02 Amended Pay

☐ 03 No Pay Return

☐ 04 Amended No Pay

Federal TIN: _____ ▲

Is this a first or final return?

If yes, check the appropriate boxes.

First Return: ☐ New Business ☐ Successor ☐ Entering Iowa
Final Return: ☐ Reorganized ☐ Merged ☐ Dissolved

Type of Return:

☐ 100% Iowa ☐ Not 100% Iowa
☐ No Iowa banking locations ☐ Inactive bank

Filing Status:

- ☐ Separate Iowa/Separate Federal ☐ Separate Iowa/Consolidated Federal
Name of Consolidated Parent: _____
Parent's Federal TIN: _____

Was Federal income or Federal tax changed for any prior period(s)?

- ☐ Yes. Periods Changed: _____ Reason: ☐ Federal audit
☐ No ☐ 1120x ☐ 1139

USE WHOLE DOLLARS ONLY

1. NET INCOME. From Federal Return (before net operating loss)	1. _____	.00 ▲
2. INTEREST and DIVIDENDS Exempt from Federal income tax	2. _____	.00 ▲
3. IOWA FRANCHISE TAX EXPENSED ON FEDERAL RETURN	3. _____	.00 ▲
4. OTHER ADDITIONS (from Schedule A)	4. _____	.00 ▲
5. TOTAL IOWA INCOME (add lines 1 through line 4)	5. _____	.00
6. OTHER REDUCTIONS (from Schedule D)	6. _____	.00
7. INCOME SUBJECT TO APPORTIONMENT (line 5 minus line 6)	7. _____	.00
8. IOWA PERCENTAGE (from Schedule 59F, line 18)	8. _____	%
9. DEDUCTION for APPORTIONED INCOME (from Schedule 59F, line 21)	9. _____	.00
10. NET OPERATING LOSS (from Schedule F)	10. _____	.00
11. TOTAL REDUCTIONS (line 6 + line 9 + line 10)	11. _____	.00 ▲
12. IOWA NET INCOME subject to Franchise Tax (line 5 minus line 11)	12. _____	.00 ▲
13. COMPUTED TAX (line 12 times 5%)	13. _____	.00
14. MINIMUM TAX (from IA4626F)	14. _____	.00 ▲
15. TOTAL TAX (line 13 plus line 14)	15. _____	.00
16. MINIMUM TAX CARRYFORWARD CREDIT (from IA 8827F)	16. _____	.00 ▲
17. PAYMENTS (from Schedule C2, line 9)	17. _____	.00
18. TOTAL CREDITS and PAYMENTS (line 16 plus line 17)	18. _____	.00
19. NET AMOUNT (line 15 minus line 18)	19. _____	.00 ▲
20. PENALTY IA2220 (attach IA2220)	20. _____	.00
21. PENALTY (failure to pay or failure to file)	21. _____	.00
22. TOTAL PENALTIES (line 20 plus line 21)	22. _____	.00 ▲
23. INTEREST	23. _____	.00 ▲
24. TOTAL DUE (line 19 + line 22 + line 23) Make check payable to "Treasurer - State of Iowa"	24. _____	.00 ▲
25. NET OVERPAYMENT (line 19 minus line 20)	25. _____	.00
26. CREDIT TO NEXT PERIOD'S ESTIMATED TAX	26. _____	.00 ▲
27. REFUND REQUESTED (line 25 minus line 26)	27. _____	.00

28.

FOR OFFICIAL USE ONLY

28. _____

29.

29. _____

A complete copy of your Federal return, as filed with the Internal Revenue Service, MUST be filed with this return. If no copy is attached, this WILL NOT be considered a complete return.

Under penalties of perjury, I declare that I have examined this return, any attached schedules/sttements, and to the best of my knowledge, believe it to be true, correct and complete. If prepared by a person other than the taxpayer, the declaration is based on all informaiton of which there is any knowledge.

Officer's Signature _____ Date _____ Title _____

Preparer's Signature _____ Date _____ Preparer's T.I.N. _____

Schedules A & D

	Schedule A	Schedule D
1. Cash to Accrual Adjustments		
2. Expenses to Carry Tax Exempts section 291 & 265		
3. Expense to Carry Investment Subsidiary		
4. Contribution Adjustments		
5. Capital Loss Adjustments		
6. Iowa Franchise Tax Refund Reported on Federal Return		
7. Other:		
8.		
9.		
10.		
11.		
12. TOTALS		
Enter Totals On:	LINE 4, IA 1120F, Schedule A	LINE 6, IA 1120F, Schedule D

Schedule C2 - Payments

Current Period's Estimated Tax Payments	Amount	Date of Payment
1. Prior Period's Overpayment Credited to Current Period		
2. First Installment:		
3. Second Installment:		
4. Third Installment:		
5. Fourth Installment:		
6. Additional Installment:		
7. Voucher/Extension Payments		
8. Other Payments		
9. Total Payments. Add lines 1-8.		
Enter on line 17, IA 1120F		

Please note:

Use whole dollars for all amounts shown on this return and any schedules or attachments.

Mail your return to:

Franchise Tax Return Processing
Iowa Department of Revenue and Finance
PO Box 10413
Des Moines IA 50306-0413

NOTE: Failure to complete the schedule below will result in an incomplete return and may delay processing.

Allocation Schedule**Information for distributing Iowa Franchise Tax to incorporated cities and counties**

IOWA Branch Address	Incorporated City Where Branch is Located Name of Iowa Incorporated City	Percent	City Code No.	County Code No.	Name of County
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

NOTE: "Percentage" is each location's percent of demand deposits net of withdrawals calculated to the nearest one-hundredth of 1 percent. Enter code "01" for county seat cities and code "00" for rural locations in unincorporated areas.

Additional Information

- Short period information: Period ____/____/____ to ____/____/____
Reason for short period: _____
- Year business was started in Iowa: _____
- Information from the prior return:
Corporation Name: _____
Federal TIN: _____ Net Income: _____
- Accounting method: ☐ Cash ☐ Accrual Year accrual method began: _____

Any questions?

Iowa is in the Central Time Zone.
Call 1-800-367-3388 (Iowa only)
or 515/281-3114
Hours: 9 a.m. - 4 p.m.
Monday through Friday

Name of Financial Institution: _____ TIN: _____